

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Joshua E		OFFICE USE ONLY Date Received 4/8/2015 4:47:54 PM Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Josh Dagda		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1508 Hawthorne, El Paso, Texas, 79902		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 9260910		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Rachel M NICKNAME LAST SUFFIX Cheek		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1508 Hawthorne, El Paso, Texas, 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 7997572		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02/27/2015 04/09/2015		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05/09/2015		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Rep. Dist. 8	

GO TO PAGE 2

City Clerk Dept.
4/8/2015 5:01:57 PM

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mr Joshua E Dagda

15 ACCOUNT # (Ethics Commission Filers)**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE☐

GENERAL

☐

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7207.62

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 1284.45

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 962.43

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Josh E Dagda, this the 8 day of April, 20 15, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/10/2015

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Reynaldo Martínez Jr

6 Contributor address; City; State; Zip Code

10529 Springwood Dr El paso , TX 79925

7 Amount of
contribution (\$)

10

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/30/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Marie Mier

Contributor address; City; State; Zip Code

411 Mamgrum Circle, El Paso, TX, 79912

Amount of
contribution (\$)

12

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)
In-kind contribution:
water for volunteers.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Christopher Hernandez

Contributor address; City; State; Zip Code

2900 Nations Ave El Paso, TX 79930

Amount of
contribution (\$)

14.62

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)
In-kind contribution for
printout at Fedex.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Christopher Hernandez

Contributor address; City; State; Zip Code

2900 Nations Ave El Paso, TX 79930

Amount of
contribution (\$)

15

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)
In-kind contribution for
lunch meeting at
Sparrows.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

In-kind contribution for lunch meeting at

Date

03/10/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Roger North

Contributor address; City; State; Zip Code

7101 N MESA #348 EL PASO, TX 79912

Amount of
contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/11/2015

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Jesus Valtier

6 Contributor address; City; State; Zip Code

686 N. Carolina Dr El Paso, TX 79915

7 Amount of
contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/10/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Sam Castillo

Contributor address; City; State; Zip Code

1602 N Campbell ST El Paso, TX 79902

Amount of
contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rachel Marie Cheek

Contributor address; City; State; Zip Code

1508 Hawthorne, El Paso, TX, 79902

Amount of
contribution (\$)

76

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/14/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Raul Dagda

Contributor address; City; State; Zip Code

7350 Silver Lake Rd; Apt 37G Reno, NV 89506

Amount of
contribution (\$)

85

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Armida Martinez

Contributor address; City; State; Zip Code

402 Brill El Paso, TX 79928

Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/11/2015

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Joshua E. Dagda

6 Contributor address; City; State; Zip Code

1508 Hawthorne, El Paso, TX, 79902

7 Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

In-kind contribution of monthly hosting and website maintenance of

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/15/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Michael Quarles

Contributor address; City; State; Zip Code

4232 Siete Leguas El Paso, TX 79922

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Armida Martinez

Contributor address; City; State; Zip Code

402 Brill El Paso, TX 79928

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/01/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Joshua E. Dagda

Contributor address; City; State; Zip Code

1508 Hawthorne, El Paso, TX, 79902

Amount of contribution (\$)

150

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

In-kind contribution for logo design

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

In-kind contribution for logo design

Date

02/27/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Joshua E. Dagda

Contributor address; City; State; Zip Code

1508 Hawthorne, El Paso, TX, 79902

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/12/2015

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Ruben Dagda

6 Contributor address; City; State; Zip Code

5340 Energystone Drive Sparks, NV 89436

7 Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Scientist/ Researcher

10 Employer (See Instructions)

Date

03/05/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Marcos Gurrola

Contributor address; City; State; Zip Code

203 Romeria Dr, El Paso, Tx, 79907

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
In-kind contribution for photo session sitting, and edited high resolution images.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/13/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Othon Medina Jr.

Contributor address; City; State; Zip Code

2705 Doug Ford Dr. El Paso, TX, 79935

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/16/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Raul R. Dagda and Agueda S. de Dagda

Contributor address; City; State; Zip Code

5641 Valley Oak Dr.

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Joshua E. Dagda

Contributor address; City; State; Zip Code

1508 Hawthorne, El Paso, TX, 79902

Amount of contribution (\$)

750

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
In-kind contribution for website design of <http://joshdagda.com>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/30/2015

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Christopher Hernandez

6 Contributor address; City; State; Zip Code

2900 Nations Ave El Paso, TX 79930

7 Amount of contribution (\$)

1200

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)
In-kind contribution for political consulting

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/30/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Claudia Yoli

Contributor address; City; State; Zip Code

6600 Mesa Grande, El Paso, TX, 79912

Amount of contribution (\$)

1200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
In-kind contribution for Communication Services and Political consulting.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert Diaz

Contributor address; City; State; Zip Code

8811 mt. Capote, El Paso, TX 79904

Amount of contribution (\$)

1200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
In-kind contribution for Political consulting.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
4/8/2015 5:01:57 PM

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**0****2** FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 0**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**0****2** FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS: ➞ ➞ ➞ ➞ ➞ ➞

\$ 0

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender
a financial
Institution?☐**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☐ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?☐

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5		2 FILER NAME Joshua E. Dagda		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/26/2015		5 Payee name EL PASO BRIDGES METERS			
6 Amount (\$) 1		7 Payee address; City; State; Zip Code El Paso, TX, 79901			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Parking Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/23/2015		Payee name Circle K			
Amount (\$) 1.6		Payee address; City; State; Zip Code 1400 W Yandell Dr El Paso, Texas 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Transportation Equipment & Related		Description (If travel outside of Texas, complete Schedule T) Gas for Canvasser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/30/2015		Payee name EL PASO BRIDGES METERS			
Amount (\$) 2.75		Payee address; City; State; Zip Code EL PASO, TX, 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Parking Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/04/2015		Payee name FEDEX			
Amount (\$) 5.62		Payee address; City; State; Zip Code 4190 N Mesa St, El Paso, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Walking List Print out	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Joshua E. Dagda		3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/29/2015	5 Payee name ALON 7-ELEVEN #614		
6 Amount (\$) 6	7 Payee address; City; State; Zip Code 2112 N Mesa, El Paso, TX, 79902		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related	(b) Description (If travel outside of Texas, complete Schedule T) Gas for Canvasser	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 03/24/2015	Payee name FEDEXOFFICE		
Amount (\$) 9.04	Payee address; City; State; Zip Code 4190 N Mesa St, El Paso, TX 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Literature Print out	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 03/30/2015	Payee name FEDEX		
Amount (\$) 9.52	Payee address; City; State; Zip Code 4190 N Mesa St, El Paso, TX 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Walking Lists Printout	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 03/16/2015	Payee name FedEx		
Amount (\$) 9.75	Payee address; City; State; Zip Code 4190 N Mesa St, El Paso, TX 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) Fliers print out	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Joshua E. Dagda		3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/23/2015	5 Payee name ELEVEN #614		
6 Amount (\$) 10	7 Payee address; City; State; Zip Code 2112 N Mesa, El Paso, TX, 79902		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related	(b) Description (If travel outside of Texas, complete Schedule T) Gas for Canvasser	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 03/27/2015	Payee name OFFICE DEPOT #223		
Amount (\$) 13.76	Payee address; City; State; Zip Code 801 Sunland Park Dr Space B El Paso, TX 79912		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Purchase of Printing Paper	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 03/30/2015	Payee name CIRCLE K 06130		
Amount (\$) 15.08	Payee address; City; State; Zip Code 2200 N MESA, EL PASO, TX, 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Equipment & Related	Description (If travel outside of Texas, complete Schedule T) Gas for transportation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 03/18/2015	Payee name FedEx		
Amount (\$) 16.2	Payee address; City; State; Zip Code 4190 N Mesa St, El Paso, TX 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) Flier and walking list print out	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Joshua E. Dagda		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 03/23/2015	5 Payee name FEDEX OFFICE					
6 Amount (\$) 21.67	7 Payee address; City; State; Zip Code 4190 N Mesa St, El Paso, TX 79902					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Flier printout and walking lists				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 03/11/2015	Payee name ALTERATIONS EXPRESS IN EL PASO					
Amount (\$) 26.52	Payee address; City; State; Zip Code 279 Shadow Mountain Dr # B, El Paso, TX 79912					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER (Clothing Alteration Services	Description (If travel outside of Texas, complete Schedule T) Suit fitting				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 03/24/2015	Payee name PUREBUTTONS					
Amount (\$) 30.45	Payee address; City; State; Zip Code 4930 CHIPPEWA ROAD - UNIT A MEDINA, OH 44256					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Pin-back buttons for Volunteers				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 03/30/2015	Payee name Marie Mier					
Amount (\$) 100	Payee address; City; State; Zip Code 411 Mangrum Circle, El Paso, TX, 79902					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor for Canvassing				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

 City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Joshua E. Dagda		3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/30/2015	5 Payee name GOT PRINT		
6 Amount (\$) 160.49	7 Payee address; City; State; Zip Code 7625 N. San Fernando Rd Burbank, CA 91505		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Prtinting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Literature print out	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 02/27/2015	Payee name Municipal Clerk's Office		
Amount (\$) 250	Payee address; City; State; Zip Code 300 N. Campbell El Paso, Texas 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Filling Fee for name on the ballot	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 04/18/2015	Payee name TEXAS DEMOCRATIC PARTY		
Amount (\$) 575	Payee address; City; State; Zip Code 4818 East Ben White Blvd., Suite 104 Austin, TX 78741		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) Payment for Voter Action Network	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

City Clerk Dept.
4/8/2015 5:01:57 PM

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/11/2015	5 Payee name Westside Democrats	
6 Amount (\$) 20 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 650 Wallenberg, EL Paso, TX, 79912	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fee for Forum

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0		2 FILER NAME Joshua E. Dagda		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Business name			
6 Amount (\$)		7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <div style="font-size: 24pt; font-weight: bold;">0</div>	2 FILER NAME <div style="font-size: 18pt; font-weight: bold;">Joshua E. Dagda</div>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
--	--	--

 City Clerk Dept.
4/8/2015 5:01:57 PM

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount
(\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
4/8/2015 5:01:57 PM

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A

☐ Schedule B

☐ Schedule C

☐ Schedule D

☐ Schedule F

☐ Schedule G

☐ Schedule H

☐ Schedule N

☐ COH-UC

☐ COH-T

☐ PAC-C

☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A

☐ Schedule B

☐ Schedule C

☐ Schedule D

☐ Schedule F

☐ Schedule G

☐ Schedule H

☐ Schedule N

☐ COH-UC

☐ COH-T

☐ PAC-C

☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A

☐ Schedule B

☐ Schedule C

☐ Schedule D

☐ Schedule F

☐ Schedule G

☐ Schedule H

☐ Schedule N

☐ COH-UC

☐ COH-T

☐ PAC-C

☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Mr Joshua E Dagda

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Mr Joshua E Dagda

*** Electronically Certified ***

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

 ** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Josh E Dagda

*** Electronically Certified ***

Signature of Candidate

5 OFFICEHOLDER

 ** Complete this section *only* if you are an officeholder **


I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

 City Clerk Dept.
 4/8/2015 5:01:57 PM